2016 Sep-30 PM 12:51 U.S. DISTRICT COURT N.D. OF ALABAMA

1983 Form

In the United States District Court FILED For the Northern District of Alabanya SEP 30 A 11: 14

US BUTTLE ODUET ROLL GLIBALA

| RI | CKE! | Y J C | DHNSON, AIS#178913 | | | |
|-----|------|--|--|--|--|--|
| | | | CA-19-MV-1910-2 | | | |
| | | | the full name(s) of the this action) | | | |
| OF | FIC | er c | V SARY | | | |
| OF | FIC | ER J | RWIN | | | |
| OF | FIC | er f | REED , ET AL., | | | |
| def | enda | nt(s) | full name(s) of the in this action) | | | |
| 1. | Pre | vious | a lawsuits | | | |
| | Α. | | ave you begun other lawsuits in state or federal court(s) dealing with the same facts involved this action or otherwise relating to your imprisonment? fes () No XXX | | | |
| | В. | If your answer to A. is "yes", describe each lawsuit in the space below. (If there than one lawsuit, describe the additional lawsuit(s) on another piece of paper, using t outline.) | | | | |
| | | 1. | Parties to this previous lawsuit | | | |
| | | | Plaintiff(s): N/A | | | |
| | | | Defendant(s) | | | |
| | | 2. | Court (if Federal Court, name the district; if State Court, name the county) | | | |
| | | 3. | Docket Number | | | |
| | | 4. | Name of judge to whom case was assigned | | | |

| | 5. | Disposition (for example: Was the case dismissed? Was it appealed? Is it still pending? |
|--------|---------|---|
| | | |
| | 6. | Approximate date of filing lawsuit |
| | 7. | Approximate date of disposition |
| . Plac | ce of p | present confinementW. E. DONALDSON CORR. FAC. B-2 Varrior Lane Bessemer, Alabama 35023 |
| Α. | is th | ere a prisoner grievance procedure in this institution? () No (XXX) |
| В. | | you present the facts relating to your complaint in the state prisoner grievance procedure? () No () |
| C. | lf yo | our answer is YES: |
| | 1. | What steps did you take? There is not a grievance procedural |
| | | within ADOC. However, I did speak with Captian Baldwin |
| | | and Warden Bolling about the incident. |
| | 2, | What was the result? They both advised me that they would look into my |
| | | |
| | • | complaint. |
| D. | If yo | our answer is NO, explain why not? There is not a grievance pro- |
| | | edural within ADOC. However, I spoke with Captian Baldwin |
| | ar | nd Warden Bolling about the incident and they both said |
| | | ney would look into my complaint. |
| | | ey would look into my complaint. |
| | tem A | A below, place your name(s) in the first blank and place your present address in the lank. Do the same for additional plaintiffs, if any. |
| Α. | Nam | ne of plaintiff(s) RICKEY JOHNSOI, AIS# 178913 |
| | | DONALDSON CORR. FAC. B-2 100 WARRIOR LANE BESSEMER, ALA. |
| | 3502 | |
| | | |
| | ندنسه | ress |

In item B. below, place the full name of the defendant in the first blank, his official position in the second blank, and his place of employment in the third blank. Use item C for the manes, positions, and places of employment of any additional defendants.

B. Defendant OFFICER GARY

is employed as CORRECTIONAL OFFICER

- at W.E. DONALDSON CORR. FAC. 100 WARRIOR LANE BESSEMER, ALA 35023
- C. Additional Defendants OFFICER IRWIN AND OFFICER REED

ARE ALSO EMPLOYED AS CORRECTIONAL OFFICER AT W.E. DONALDSON

CORRECTIONAL FACILITY BESSEMER, ALABAMA 35023

IV. Statement of Claim

State here, as briefly as possible, the FACTS of your case. Describe how each defendant is involved. Include, also, the names of other persons involved, dates and places. So not give any legal arguments and only cases are statistics. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Use as much space as you need. Attach extra sheet, if necessary.

On Monday September 5, 2016, Officer Gary, Irwin and Reed were assigned to Two[2] Block [A/B]. After the Ole Miss and Flordia State Football game-All inmates were ordered to report to their assigned cell. Officer Gary conducted a bed roster count on B side.

At approximately 2:30 A.M. Tuesday September 6, 2016 Officer
Irwinopened Cell B-2 which was assigned to and occupied by me
Rickey Johnson, AIS 178913 and Matthew Barries, AIS#288567 for
three[3] inmates known as "Big MOE" "DJ", and "BAM BAM".
[Officer Irwin admitted to Lt. Thomas that he had in fact opened
my door for these inmates but he had no ideal that they was
going to robbed me].

Upon entering the cell, Big Moe, DJ and Bam Bam were brandishing prison made knives and ordered me, Rickey Johnson to get out of bed and "GIVE IT UP"[This mean-I was being robbed]. A struggle and fight ensued in which i Rickey Johnson was beaten and choked around my neck. I Rickey Johnson was choked so severly that I had to be transported to Brookwood Baptist Health Center. I was treated for a crush/swollen larynx that resulted in me being placed on a liquid diet of Ensures. My throat was swollen and I could not eat whole/solid food. After I had been choked unconscious-Varies items where stolen from me, inmate Rickey Johnson. These items where confiscated from another cell and returned to me later. See Johnson's Exhibits "A & B".

| to tic | ficer Gary Irwin and Reed have come out of their cell after lose of opening any cell for any signed to that cell or not. | lockdown and they have a pra- | | | |
|-------------------------|---|--|--|--|--|
| cle pra for my | ficer Gary, Irwin and Reed afcear violation of ADOC Rules, Reatice is a deliberate indifferent my safety as well as the safe 8th Amendment Right To Be Free | egulations and S.O.P. This ence and or reckless disregard ety of others. Thus, violating | | | |
| Pur | nishment [Failure To Protect] | | | | |
| | | | | | |
| V. | RELIEF | | | | |
| | State briefly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes. | | | | |
| | Provide me with compensatory and punitive damages of | | | | |
| | \$250, 000.00 each for a tota | 1 of \$500, 000.00. And any | | | |
| | other relief the Court deem proper and just. | | | | |
| | "I declare under penalty of perjury that the forest secured on September 2.6 (date) | regoing is true and correct. 2016 X RICKEY JOHNSON, AIS#178913 W.E. DONALDSON CORR. FAC. B-2 100 WARRIOR LANE BESSEMER, ALABAMA 35023 | | | |

Signature(s)

JOHNSON'S EXHIBIT "A"

I Matthew Barrier on Monday nite 9.5.16 at approx. 10:30 pm the officer locked me and Mr. Johnson down in our cell 73.02 after he checked us off for a bed roster. At approx 3:00 am I awoke to see two inmates in my cell attacking and Chocking Mr. Johnson. One Inmate was behind Mr. Johnson on the floor holding him in a chock hold, while the other was going through his things. They keep asking him for his key to the lock on his storage box. They could not find it so they keep beating and chocking him. They told me to get down and find the key. When I located the key I got back on my bonk. They two inmates put Mr. Johnson's property in a bas and went to exit the cell but the door was bocked. They hollered for an inmate on the floor to get the door rolled and when it opened they made Mr. Johnson exit with them. I stayed in the cell and offer awhile the officers came and asked what happened, then left, then Mr. Johnson came back

taken. I declare under penalty of perjury that the foregoing is true and correct.

Executed on September 14 2016.

MattBarrer ATS# 288547

Case 2:16-cv-01610-MHH-TMP Document 1 Filed 09/30/16 Page 7 of 14 JOHNSON'S EXHIBIT "B"

MARY DODSON, MD 2010 MEDICAL CENTER DR HOMEWOOD, AL 35209 Phone Number: (205) 877-1138 JOHNSON, RICKEY L Birthdate: Sex: Male Allergies: NKA Pharmacist Please Note - Allergy list may be incomplete Patient Address: 100 WARRIOR LN, Home Phone: (205) 436-3681 Work Phone BESSEMER, AL 35023-7228 Prescription Details: Date Issue: 09/06/2016 Rx: Naprosyn 375 mg oral tablet SIG: 1 tab Oral BID PRN for pain Refills: 0 Dispense/Supply: 20(twenty) tab X: Electronically signed by: MARY DODSON, MD Dispense As Written (Brand Necessary) Product Selection Permitted **X**: Dispense As Written (Brand Necessary) Product Selection Permitted Handwritten signature if required by state law Handwritten signature if required by state law Prescribed by: MARY DODSON License #: ___

NPI#: 1417910068

Number of Drugs Prescribed: 1

1 :

Brookwood Medical Center

2010 Brookwood Medical Center Drive Birmingham, AL 35209-6804 Phone: (205) 877-1930

Patient Education & Visit Summary

PERSON INFORMATION

| Name: JOHNSON, RICKEY L | | | | | | | |
|--|--|-----------------|--|--|--|--|--|
| Address: 100 WARRIOR LT | Address: 100 WARRIOR LN BESSEMER AL 35023-7228 Phone: (205) 436-3681 | | | | | | |
| DOB: MRN: 01- | 407658 Acet#: 39794391 | | | | | | |
| Arrival Time: 09/06/2016 12 | Arrival Time: 09/06/2016 12:00:00 Discharge Time: | | | | | | |
| VISIT INFORMATION | VISIT INFORMATION | | | | | | |
| Presenting Complaint: Pt was strangled today approximately 0230, pt C/O difficulty swallowing, +LOC per pt. Pt appears in no respiratory distress. | | | | | | | |
| Patient Diagnosis: Neck contusion | | | | | | | |
| Primary Care Provider: PCP MD, NO Primary Physician: DODSON MD, MARY R | | | | | | | |
| Allergy Info: NKA | | | | | | | |
| Discharge Location: | | | | | | | |
| FOLLOW-UP WITH: | | | | | | | |
| | • | | | | | | |
| With: | Address: | When: | | | | | |
| MARC ROUTMAN | 2018 BWMC DR. POB 314 BIRMINGHAM, AL 35209 (205) 877-2950 Business (1) | Within 1-2 days | | | | | |

Name: JOHNSON, RICKEY L MRN: 01407658

With:

When:

Address:

NO PCP 6 Within 1-2 days

If you should have <u>any</u> difficulty making arrangements, please call the Emergency Department. If you have a problem and are not able to contact your primary care provider, you may return to the Emergency Department at any time.

PATIENT EDUCATION INFORMATION GIVEN:

BMC Blank Patient Education Template (CUSTOM)

IMMUNIZATIONS:

MAJOR TESTS AND PROCEDURES:

Laboratory Orders

Name

Status

BMP w/Ca-POC Completed

CBC w/auto Diff Completed

Radiology Orders

Name

Status

CT Head or Brain W/O Contrast

CT Soft Tissue

Neck W/

Completed

Contrast

XR Spine

Cervical 4 or 5

Completed

Views

Cardiology Orders

No cardiology orders were placed.

Name: JOHNSON, RICKEY L

1.

| Order Name | Order Details | |
|----------------------|------------------------------|--------------|
| | Discharge To: Home | ₹ · |
| Discharge Patient | Discharge Diet: Resume Hom | e Diet |
| | Discharge Activity: Resume H | ome Activity |

Name: JOHNSON, RICKEY L 3 of 8

MEDICATIONS:

Your discharge prescriptions may be printed, or transmitted electronically to the pharmacy. If there are any issues with your prescriptions, please call the Emergency Department. If you received a prescription for medication(s) today it is important that when you fill this you let the pharmacists know all the other medications that you are on and any allergies you might have. It is also important that you notify your follow-up physician of all your medication including the prescriptions you may receive today.

Additional Medications

| Printed Prescriptions acetaminophen-HYDROcodone (Hycet 7.5 mg-325 mg/15 mL oral solution) 7.5 mL, Oral, Every 6 hours scheduled, As Needed, for pain, Refills: 0 | | | | | |
|---|----------------|--|--|--|-----------------|
| | | | | | Last Dose Given |
| naproxen (Naprosyn 375 mg oral tablet) 1 tab, Oral, Twice daily, As Needed, for pain, Refills: 0 | | | | | |
| Last Dose Given | Take next dose | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

FINAL ACTIVE MEDICATION LIST:

We have provided this final list of active medications as a courtesy so that you can easily update your home records and provide to your physician(s). These are the only medications that you should be taking.

acetaminophen-HYDROcodone (Hycet 7.5 mg-325 mg/15 mL oral solution) 7.5 mL, Oral, Every 6 hours scheduled, As Needed, for pain, Refills: 0

naproxen (Naprosyn 375 mg oral tablet) 1 tab, Oral, Twice daily, As Needed, for pain, Refills: 0

Please review carefully and let us know if you have any questions or concerns. Take only the medications listed above. Contact your primary care provider prior to taking any medications NOT on this list.

Name: JOHNSON, RICKEY L 5 of 8 09/06/2016 17:27:54

MED LEAFLETS INFORMATION GIVEN:

| MEDICATION LEAFLETS: |
|--|
| PATIENT EDUCATION INSTRUCTIONS: ICE TO AREA; NAPROSYN WITH FOOD FOR MILD PAIN/HYCET FOR SEVERE PAIN. |
| FOLLOW UP WITH ENT, DR.ROUTMAN IF NOT IMPROVED IN 5 TO 7 DAYS. |
| |
| |
| |
| |
| |
| |
| |
| |

X-RAYS and LAB TESTS:

If you had x-rays today they were read by the emergency physician. Your x-rays will also be read by a radiologist within 24 hours. If you had a culture done it will take 24 to 72 hours to get results. If there is a change in the x-ray diagnosis or a positive culture we will contact you. (Make sure we have your local phone number.)

Thank you for the opportunity to provide your emergency medical care. It is important you understand that emergency medical services are not a substitute for complete medical care.

Name: JOHNSON, RICKEY L. 7 of 8 99/06/2016 17:27:54